DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA   95814

July 26, 1991

ALL COUNTY INFORMATION NOTICE I-61-91

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INTERCEPTION OF STATE INCOME TAX REFUNDS TO COLLECT
           DELINQUENT RESTITUTION OF AFDC OVERPAYMENTS AND FOOD
           STAMP OVERISSUANCES - AFDC/FS INTERCEPT PROGRAM

The State Department of Social Services (SDSS), in conjunction
with the State Controller's Office and the Franchise Tax Board
(FTB) will again administer a State income tax refund Intercept
Program for Tax Year (TY) 1991. This Program is designed to
facilitate the collection of delinquent restitution of Aid to
Families with Dependent Children (AFDC) overpayments and Food
Stamp (FS) overissuances. This program has proved to be an
effective collection device, with over $4.4 million dollars in
tax refunds intercepted for TY 1990.

AFDC/FS Intercept regulations have been approved and are
effective as of May 28, 1991. These regulations will be part of
Division 20 of the SDSS Manual of Policy and Procedures. There
will not be any change in the criteria for submission of accounts
for intercept as a result of the regulations. For Tax Year 1991,
the operation of the Intercept program will be similar to that of
previous years. Two changes are that counties may input to the
program using floppy diskettes (attachment 7) and that all
modification requests will come to SDSS.

Beginning in 1992, we will be piloting the IRS intercept program
along with the State of Alabama. Procedures are currently being
developed to account for the overlap of the two programs.
Beginning with the input for Tax Year 1992, submissions for FTB
and IRS intercepts will be due by June 1992.

This letter provides the following: instructions for
participation (Attachment 1), a timetable of activities
(Attachment 2), and necessary forms which must be completed in
order to intercept TY 1991 State income tax refunds (Attachments
3 through 9).

As in the past this program is voluntary. If your county plans
to participate in the AFDC/FS Intercept Program, please complete
Attachment 3, "Participation Agreement", by September 3, 1991 and
return it to:

> State Department of Social Services
> Fraud Program Management Bureau
> Attention: Intercept Coordinator
> 744 P Street, M.S. 19-26
> Sacramento, CA 95814

Because of the effectiveness of the AFDC/FS Intercept Program in
aiding in the collection of AFDC overpayments and FS
overissuances, the Department encourages all counties to
participate. If you have any questions or comments, please
contact Dave Fairchild of the SDSS Fraud Program Management
Bureau at (916) 445-3766.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

INSTRUCTIONS

1. Submission Criteria

    It is important to note at the outset that certain limitations are
    imposed on the AFDC/FS Intercept Program. Section 8790.2 of the State
    Administrative Manual provides, in part..

        "The offset procedure augments rather than replaces existing tax
        and other collection procedures and is for use when effective
        procedure does not exist and the State would otherwise suffer
        loss. An agency's remedy under the special laws applicable to
        its particular program and the general laws of the State is
        normally more appropriate and should be used unless circumstances
        are such that the offset procedure is the most logical method of
        collection . . . ."

    Therefore, based on the above mentioned provision, the following are
    not eligible for intercept:

    (1)   Cases which are still eligible for grant adjustment or
           allotment reduction,

    (2)   Cases in which the individual is making regular restitution
           payments,

    (3)   Cases in which the time to request a state hearing has not
           lapsed,

    (4)   Cases in which the individual has requested a state hearing or is
           awaiting a decision from a state hearing or has received an
           adopted state hearing decision which determines that there is no
           overpayment or overissuance, and

    (5)   Additionally, pursuant to AFDC manual sections 44-350.161 and
           44-352.21, and Food Stamp manual section 63-801.411 nonfraudulent
           overpayments/overissuances totaling less than $35 are not to be
           demanded (this includes interception).

    The county must have a "right of recovery", pursuant to SDSS
    regulations which existed at the time of the overpayment. Right of
    recovery is defined as the ability to make collections based on the
    regulations, subsequent court cases and any All County Letters (See
    Attachment 10 for a list of the appropriate letters) that have been
    issued regarding overpayments and their collections. The following
    types of delinquent restitution accounts are eligible for submission:

    (1)   Non court-ordered restitution of AFDC overpayments for which the
           household has failed to respond to a written demand letter(s).

    (2)   Civil or criminal court-ordered restitution of AFDC overpayments.

(3)   Civil or criminal court-ordered restitution of food stamp benefit
        overissuances as a result of an Intentional Program Violation
        (IPV).

(4)   Restitution of food stamp benefit overissuances which are the
        result of an Intentional Program Violation as determined by an
        administrative disqualification hearing.

(5)   Non-court ordered restitution of all Food Stamp claims which have
        not been terminated and for which the household has failed to
        respond to a written demand letter(s). This includes inadvertent
        household error claims and administrative error claims.

2. Restitution Account Information

    Restitution account and address information can be submitted by
    magnetic computer tape, floppy disk or by input document. Separate
    tapes, floppies or input documents must be used for the account
    information and the addresses. See the instructions in Attachments 4,
    5 and 7. Only the following restitution account information is required
    to be submitted.

    (1) County number and name (Example: 38-San Francisco)

    (2) Name of individual

    (3) Address of Individual

    (4) Social Security Number of individual

    (5) Type of case, (i.e., AFDC or FS). AFDC and FS accounts must
        be listed separately.

    (6) Total amount of delinquent AFDC or FS restitution owed.
        The amount must be at least ten dollars.

    (7) Case, district, and/or worker numbers. Information contained in
        this field is optional.

        a. Counties Submitting Magnetic Computer Tape

            Counties submitting restitution account and address
            information on magnetic computer tape or floppy disks should
            follow the instructions provided in Attachment 4, "AFDC/FS
            Intercept Program: Magnetic Tape Restitution Record
            Description", Attachment 5, "AFDC/FS Intercept Program:
            Magnetic Tape Address Record Description" and Attachment 7,
            "AFDC/FS Overpayment Intercept System Floppy Disks Input
            Instructions. Any questions regarding automated input should
            be directed to:

State Department of Social Services
Systems and Programming Section
Attention: Mr. Mike Collins
744 P Street, M.S. 19-58
Sacramento, CA 95814
(916) 445-5027

b. Counties Submitting Input Documents

Counties submitting input documents should follow the
instructions provided in Attachment 6, "AFDC/FS Intercept
County Transaction Document Description (6/91)". Please
follow the instructions carefully because any incorrectly
completed input forms will be rejected. Time constraints
preclude editing the input documents and returning the forms
to the county for correction.

The input document, Attachment 6 page 4, "AFDC/FS Intercept
County Tranaction Document" must be duplicated locally.

To allow the SDSS to intercept state income tax refunds for TY
1991, participating counties must send all restitution account
information, magnetic tape or forms, no later than October 1,
1991, to:

State Department of Social Services
Production Control
Attention: (AOI-Intercept Program)
744 P Street, M.S. 19-13
Sacramento, CA 95814

3. Limited Assignment/Certification of Correctness

In addition to the restitution account information, counties are also
required to submit the following:

(1) A "Statement of Limited Assignment of AFDC/FS Restitution" from
each participating county to the SDSS.

(2) A "Certificate of Correctness" regarding the validity and amount
of delinquent restitution.

Attachment 8, "Limited Assignment of Delinquent Restitution", is
designed to meet these requirements and should be completed by
October 1, 1991. Mail the form to:

State Department of Social Services
Fraud Program Management Bureau
Attention: Intercept Coordinator
744 P Street, M.S. 19-26
Sacramento, CA 95814

4. Deletions/Adjustments

The county must develop an internal procedure to flag and monitor all
cases submitted for intercept in order to insure that the case
continues to meet the criteria for a state income tax refund intercept.

In addition, the counties must maintain sufficient individual casefile
information to substantiate the cause(s), amount(s) and period of the
overpayment and/or overissuance and all Notices of Action sent to the
individual.

Administrative Reviews

(1) Upon either a written or verbal request for an administrative
    review, the counties must offer the individual a review either in
    person or via telephone. For the convenience of the individual, a
    face-to-face review is not required.

(2) There is no outside time limit in which a review may be requested,
    so that these reviews may be requested and held even after the
    intercept has occurred.

(3) When requested, this review must be held within ten (10) working
    days of the receipt of the request.

(4) These reviews shall be conducted by impartial representatives of
    the county. These representatives should be persons who did not
    prepare the initial computation of the amounts owed. These
    representatives must be empowered to delete the individual's name
    from the request for intercept(s) or to correct the amount of
    intercept(s).

(5) The pre-intercept notice advises that the individual shall be
    allowed to appear personally at the review or be represented, to
    present evidence, and to examine the documents relied upon by the
    county when it established and requested the intercept.

(6) In conducting the review, the county shall determine whether it has
    a "right of recovery" as previously defined in these instructions.

(7) The results of this review should be provided to the individual in
    writing within ten (10) working days after the review.

(8) These results must also state that if the individual is dissatisfied with the review he/she may request a state hearing within 90 days of the receipt of the results.

NOTE: Individuals must not be referred to the state hearing system until <u>after</u> the county conducts its review and renders a decision.

We recommend the following language be used to satisfy this requirement:

If you are dissatisfied with these results, you may request a state hearing by writing to:

(Local County Hearing Address)

_____

_____

You may call 1-800-952-5253 to request a hearing.

<u>Your state hearing request must be made within 90 days of the receipt of these results.</u>

If an individual updates the account or pays it off in full after his/her name has been submitted for an intercept, the county shall submit the name for adjustment within ten calendar days to avoid an incorrect intercept of that individual's income tax refund. If an incorrect intercept should occur, counties are reminded of the requirement in item 5 on the next page. Changes (decreases, or deletions) may be submitted at any time after the initial information is sent to the SDSS. Also, if it discovered that an individual's income tax refund was erroneously requested for intercept and the refund has not been intercepted, the county shall submit a deletion request. Attachment 6, "AFDC/FS Intercept County Transaction Document", is provided for the purpose of submitting adjustment requests. Submit the request to:

> State Department of Social Services
> Fraud Program Management Bureau
> 744 P Street M.S. 19-26
> Sacramento, CA 95814
> ATTN: Intercept Coordinator

At no time after submission of the records for the yearly master file may an account be added to the file. This is because of the need to send the individual a pre-offset notice and allow time for the review mentioned above if requested by the individual. Also, it would require the updating of the SDSS master file and might delay any deletions that you may have.

5. Reimbursement of State Income Tax Refund for Wrongful Intercept

All counties participating in the AFDC/FS Intercept Program are required to establish and utilize a mechanism for promptly (within ten calendar days after decision has been made to refund money) refunding to the individual monies intercepted for which: (1) a request for intercept has been submitted to the SDSS in error, or (2) a deletion request has been submitted to the SDSS and the intercept has already occurred before the deletion request is processed by FTB. The refund must not be held until the monies are received from DSS.

6. Designation of County Contact Person(s)

It is the responsibility of the county agency to appoint a representative to handle all local level inquiries concerning the AFDC/FS Intercept Program. Counties are to provide in Attachment 3, "Participation Agreement", the name, unit, and telephone number of this individual. Also, if this individual changes during the year, SDSS must be notified promptly.

7. Pre-Offset Notification

Upon establishment of a master file, FTB will provide SDSS an address tape. This tape will be used in conjunction with the addresses provided by the counties to notify the submitted individuals of the potential offset. If the address is unavailable from FTB, the address submitted by the County will be used to mail the notice. Every effort should be made to locate an address.

8. Income Tax Intercept

The SDSS will forward a statewide master tape to FTB who will run a continuous match against their master index through 1992.

The SDSS will send the following reports to each county:

(1) County Transaction Error Report (AOI100-A)

    The system checks the case record submitted by the county for valid data and rejects those records that do not meet the validation criteria. This report lists the rejected cases.

(2) Duplicate Cases Report (AOI150-A)

Cases with the same county number, SSN, last name, and aid type are considered duplicate cases. The system will only accept the case with the largest overpayment or overissuance amount and will reject the others. This report lists the rejected cases.

(3) County Weekly FTB Intercept Report (AOI550-A)

This report lists individuals whose state income tax refund/lottery winnings were intercepted as well as the address, the restitution amount requested by the county, and the amount actually intercepted.

All county entities administering the AFDC/FS Intercept Program should establish a procedure with their respective treasurers to ensure proper accounting of incoming funds from the State Controller. Note that the State Controller will prepare checks payable to the order of the County Treasurer.

9. County Follow-Up Procedure

Upon receiving the list of intercepts and corresponding funds, the county shall credit each individual account for the AFDC and FS amounts collected through the intercept process.

The total amount of the repayments should then be recorded on Form CA 800, "Summary Report of Assistance Expenditures Aid to Families with Dependent Children, or FNS 209, Status of Claims Against Households", as appropriate.

AFDC/FS INTERCEPT PROGRAM: TIMETABLE

Activity	Date
County notifies the SDSS of intent to participate in the AFDC/FS Intercept Program by submitting Attachment 3.	September 16, 1991
County sends Attachment 8 and county restitution account information to the SDSS.	October 1, 1991
The SDSS will key enter input documents and merge edit tapes to produce statewide master tape.	October 1, 1991 through October 18, 1991
The SDSS will send the Annual Report of SDSS Rejects to the county.	October 31, 1991
The SDSS will forward master tape to FTB.	November 1, 1991
Pre-Offset notice sent to taxpayers.	December 3, 1991
FTB will edit statewide master tape. The Annual Report of FTB Rejects will be sent to the county.	January 8, 1992
FTB will run continuous matches against the FTB master index through 1991.	Beginning February 1, 1992 and ongoing
The county will submit deletions to the SDSS, if necessary.	Ongoing
The SDSS will send the Weekly Report of Matches to the county.	Weekly
FTB will transfer total weekly collection to the State Controller.	Weekly
The State Controller will send to the County Treasurer a check representing the total amount collected for the weekly period.	Weekly
The county welfare department shall credit each recipient's account with the amount intercepted and record the total amount received by the county as a repayment on Form CA-800 or CA 209.	Ongoing

AFDC/FS INTERCEPT PROGRAM: PARTICIPATION AGREEMENT

Submit this document to:

    State Department of Social Services
    Fraud Program Management Bureau
    Attention Intercept Coordinator
    744 P Street, M.S. 19-26
    Sacramento, CA 95814

_____ County will participate in the AFDC/FS Intercept
Program to collect delinquent restitution of AFDC overpayments and FS
overissuances.

_____
    Director's Name

_____   _____
    Director's Signature   Date

1. Estimated number of cases county will submit for intercept: ____/____
                                                                 AFDC FS

2. Restitution Account input medium.(Circle one): Magnetic Tape/Floppy/Forms

3. Name and telephone number of the county contact person assigned to the
    AFDC/FS Intercept Program (liaison with the SDSS).

    Name_____ Title_____

    Department_____

    Unit/Division_____

    Address_____

    City_____Zip Code_____Telephone (___)_____

4. Name and telephone number of the county representative responsible for
    handling local level, i.e., public inquiries concerning the AFDC/FS
    Intercept Program. (This person's name and address will be placed on the
    notice sent to persons whose state income tax refunds have been
    intercepted.)

    Name_____ Title_____

    Department_____

    Unit/Division_____

    Address_____

    City_____Zip Code_____Telephone (_____)_____

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE
RESTITUTION RECORD DESCRIPTION

Automated Input Preparation
County KDE Instructions

File Format: Sequential
Character Format: EBCDIC
Medium: 9 TRACK tape 1600 BPI or 9 TRACK tape 6250 BPI or
          IBM formatted 3480 cartridge
Labels: Unlabeled
Record Length: 80 bytes
Blocking Factor: 1 record per block
Documentation: A transmittal must accompany the tape. The
                transmittal should identify the county name and county
                number, the number of transaction records and the
                density (i.e., 1600BPI or 6250 BPI). Most
                importantly, identify the tape as input to the welfare
                overpayment intercept process. Example: WELFARE
                OVERPAYMENTS FTB REFUND INTERCEPT. Please put the
                type of system which generated the tape (i.e., IBM,
                HONEYWELL, BURROUGHS, etc.). A standard transmittal
                and instructions are included. Mailing address:

                    Department of Social Services
                    Production Controls
                    Attention: AOI-Intercept Program
                    744 P Street, M.S. 19-13
                    Sacramento, CA 95814

Sort Key: County Number, Social Security Number

Record Items:

1.   County Number - Two (2) digit unsigned numeric field. It is
     required. Valid values 01 through 58.

2.   Social Security Number - Nine (9) digit numeric field which
     contains the recipient's SSN. It is required. Cannot start with
     '8', or '9'. May be unsigned or signed according to COBOL format
     S9(9).

3.   Last Name - Fifteen (15) character alphabetic field which
     contains the recipient's last name. It is required. Must be
     left justified with no special characters (i.e., hyphen,
     apostrophe, etc.).

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE
RESTITUTION RECORD DESCRIPTION - Continued

4. First Name - Ten (10) character alphabetic field which contains
    the recipient's first name. It is optional entry. When not
    used, blank fill. When used, must be left justified with no
    special characters (i.e., hyphen, apostrophe, etc.).

5. Middle Initial - One (1) character alphabetic field which
    contains the recipient's middle initial. It is optional entry.
    When not used, blank fill.

6. Amount Delinquent - Nine (9) digit numeric field which contains
    the total amount of the delinquent restitution. It is required.
    Cents are reduced to zero (i.e., $10.60 = $10.00). The decimal
    character is dropped. Right justified with preceding zeros
    (i.e., $10.60 = 000001000). May be unsigned or signed according
    to COBOL format S9(7)v99. Amount must be at least ten dollars.

7. Case Identification Number - Fifteen (15) character alpha-numeric
    field which contains the case identification number. It is
    optional entry. When not used, blank fill. When used, should be
    left justified.

8. Worker/District Number - Five (5) character alpha-numeric field
    which contains county EW number and/or district. It is optional
    entry. When not used, blank fill. When used, should be left
    justified.

9. Aid Type - One (1) character alphabetic field which contains the
    aid type. It is required. Must contain 'A' for AFDC cases or an
    'F' for Food Stamp cases.

10. FILLER - Thirteen (13) character field which contains blanks.

TRANSACTION RECORD LAYOUT

FIELD NUMBER	ITEM	LENGTH/MODE	POSITIONS
1	County Number	2N	01-02
2	Social Security Number	9N	03-11
3	Last Name	15A	12-26
4	First Name	10A	27-36
5	Middle Initial	1A	37
6	Amount Delinquent	9N	38-46
7	Case Identification Number	15A/N	47-61
8	Worker/District Number	5A/N	62-66
9	Aid Type	1A	67
10	FILLER	13A/N	68-80

AFDC/FS INTERCEPT SYSTEM TRANSMITTAL

Use this transmittal when sending AFDC/Food Stamp submissions to DSS.

ITEM	ENTER
1. COUNTY NAME	County name
2. COUNTY NUMBER	County number (State code 01 thru 58)
3. CURRENT DATE	Today's date
4. PROCESS YEAR	Tax Year being processed
5. SUBMITTED BY	Name of person submitting documents
6. PHONE NUMBER	Phone number of person submitting documents
7. DOCUMENTS Number of lines	Enter the total number of AFDC and/or Food Stamp records being submitted at this time.
8. TAPE INPUT	When sending a tape, in addition to filling out Item 7, indicate the tape number, type and number of records on the tape.

R E Q U E S T   F O R

P C   F I L E   U P L O A D   T O   H W D C

Complete Section I and route to:
Data Guidance Unit
MS 19-13
****

I

Date_____

Requestor Name: _____ Phone number _____

Address/Location: _____

System Name: _____   Date needed by: _____

==

Type of diskette: 5 1/4" ( )   3 1/2" ( )
    (check one)

Filename _____   File size(# of bytes)_____

Number of records _____   Record size _____

****
II

Section II to be completed by Data Guidance Unit.

Date and time received: _____

Date file transferred to HWDC: _____

HWDC dataset name: _____

Dataset retention date: _____

Number of records transferred: _____
Equals to request: Yes ( )   No ( )

Completed as request by: _____

Unable to process: ( )

Comments:_____

_____

Return diskette and copy of request to user when completed.

****
6/91

AFDC/FOOD STAMP INTERCEPT SYSTEM TRANSMITTAL

NOTE: THIS TRANSMITTAL MUST ACCOMPANY ALL AFDC/FOOD STAMP INTERCEPT
       PROGRAM INPUT DOCUMENTS

```
                                              KEY ENTRY USE ONLY

TO:  DEPARTMENT OF SOCIAL SERVICES     MAXIMUM 100 LINES
     PRODUCTION CONTROLS, MS 19-13      PER TRANSMITTAL    37501/_____
     744 P STREET
     SACRAMENTO, CA  95814                                E_____ V_____
```

COUNTY NAME	COUNTY NUMBER	CURRENT DATE	PROCESS YEAR

SUBMITTED BY	PHONE NUMBER

DOCUMENTS:

TYPE	NUMBER OF LINES
AFDC	
FOOD STAMPS	
ADDRESSES	

TAPE INPUT:

TAPE NUMBER	
NUMBER OF RECORDS	

1600 BPI ☐

6250 BPI ☐

3480 Cartridge ☐

TEMP 1722A (8/87)

State of California – Health and Welfare Agency   Department of Social Services

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE
ADDRESS RECORD DESCRIPTION

Automated Input Preparation

File Format: Sequential
Character Format: EBCDIC
Medium: 9 TRACK tape 1600 BPI or 9 TRACK tape 6250 BPI or
      IBM formatted 3480 cartridge
Labels: Unlabeled
Record Length: 71 bytes
Blocking Factor: 1 record per block
Documentation: A _transmittal_ must accompany the tape. The
      transmittal should identify the county name and county
      number, the number of transaction records and the
      density (i.e., 1600BPI or 6250 BPI). Most
      importantly, identify the tape as input to the welfare
      overpayment intercept process. Example: WELFARE
      OVERPAYMENTS FTB REFUND INTERCEPT. Please put the
      type of system which generated the tape (i.e., IBM,
      HONEYWELL, BURROUGHS, etc.). A standard transmittal
      and instructions are included. Mailing address:

          Department of Social Services
          Production Controls
          Attention: AOI-Intercept Program
          744 P Street, M.S. 19-13
          Sacramento, CA 95814

Sort Key: County Number, Social Security Number

Record Items:

1. County Number – Two (2) digit unsigned numeric field. It is
    required. Valid values 01 through 58.

2. Social Security Number – Nine (9) digit numeric field which
    contains the recipient's SSN. It is required. Cannot start with
    '8', or '9'. May be unsigned or signed according to COBOL format
    S9(9).

3. Street Address – Twenty (20) character alpha-numeric field which
    contains the recipient's street address.

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE
ADDRESS RECORD DESCRIPTION – Continued

4.   Care Of Address – Twenty (20) character alpha-numeric field which
     contains the care of (c/o) portion of recipient's address, if
     any. It is optional entry. When not used, blank fill.

5.   City – Thirteen (13) character alpha-numeric field which contains
     recipient's city. It is required.

6.   State – Two (2) character alphabetic field which contains
     recipient's state. See no. (6-7) below for foreign countries.

7.   Zip Code – Five (5) digit numeric field which contains
     recipient's zip code. See no. (6-7) below for foreign countries.

(6-7). Foreign country – Seven (7) character alphabetic field which
contains the name of the foreign country of the recipient's address.
This field, when used, replaces the state and zip code fields.

AOI COUNTY ADDRESS RECORD LAYOUT

FIELD NUMBER	ITEM	LENGTH/MODE	POSITIONS
1	County Number	2N	01-02
2	Social Security Number	9N	03-11
3	Street Address	20A/N	12-31
4	Care of Address	20A/N	32-51
5	City	13A/N	52-64
6	State *	2A	65-66
7	Zip Code *	5N	67-71
(6-7)	*(or Foreign Country	7A)	(65-71)

AFDC/FS INTERCEPT COUNTY
TRANSACTION DOCUMENT DESCRIPTION (6/91)

The new form can be used for inputing cases to the program as well as modifiying or deleting the case from the program. When inputing cases to the program AFDC and Food Stamp amounts can be placed on the same form. A separate form is required for each worker/district number if they are used.

DO NOT MIX WORKER/DISTRICT NUMBERS ON THE SAME FORM.

HEADER INFORMATION

o   COUNTY CODE

For each document enter county number.

o   PROCESS YEAR

Enter year in which the document is prepared.

o   WORKER/DISTRICT NUMBER (5 characters maximum)

Worker/District number is an optional county use field to be used for additional county identification of cases. Use a separate form for each different worker/district number. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters.

o   RECORD TYPE

Put an 'X' in the applicable box. Use "1 = Establish", to enter an account into the program; "2 = Change", to modify an account already input in the program; "3 = Delete", to delete an account already input into the program. "4 = Refund", is not for use at this time.

RESTITUTION INFORMATION

1. SOCIAL SECURITY NUMBER (9 DIGITS)

Enter recipient's Social Security Number. This field is required and must contain nine digits. The first digit cannot be '8', or '9'.

2. <u>CASE IDENTIFICATION NUMBER</u>   (15 CHARACTERS MAXIMUM)

This is an optional field to be used for additional county
identification of cases. Data can be entered free form in any
desired format. There are no restrictions on alphabetic or
numeric characters.

3. <u>DELINQUENCY DATE</u>

This field to be left blank at this time.

4. <u>LAST NAME</u> (15 ALPHABETIC CHARACTERS MAXIMUM)

Enter recipient's last name. This is a required field and must
be alphabetic. Use only the letters 'A' through 'Z'. Do not use
special characters such as hyphen, apostrophe, etc. If a
recipient has aliases, make a separate complete entry for each
different last name. (FTB only uses the SSN and first four
letters of the last name for matching purposes.)

5. <u>FIRST NAME</u> (10 ALPHABETIC CHARACTERS MAXIMUM)

Enter recipient's first name. When entered, the characters must
be alphabetic.

6. <u>MIDDLE INITIAL</u> (1 ALPHABETIC CHARACTER MAXIMUM)

Enter recipient's middle initial. This is not a required field,
but if entered, must be alphabetic.

7. <u>CARE OF NAME</u> (20 CHARACTERS MAXIMUM)

Enter care of (c/o) portion of recipient's address, if any.
Twenty (20) character maximum (including blank spaces).

8. <u>STREET ADDRESS</u> (20 CHARACTERS MAXIMUM).

Enter recipient's street address. Twenty (20) characters maximum
(including blank spaces).

9. <u>CITY</u> (13 CHARACTERS MAXIMUM)

Enter recipient's city. This field is required.

10. <u>STATE</u> (2 CHARACTERS)

Enter recipient's state. see no. (10-11) below for foreign
countries.

11. ZIP CODE (5 DIGITS)

Enter recipient's zip code. This field is optional. See no.
(10-11) below for foreign countries.

(10-11). FOREIGN COUNTRY (7 CHARACTERS MAXIMUM)

Enter foreign country of recipient. This field, when used
replaces the state and zip code fields.

12-15. DOLLAR AMOUNT DELINQUENT (7 DIGIT MAXIMUM — NO CENTS)

Enter the total amount of the delinquent restitution to the
nearest whole dollar (drop cents). AFDC and Food Stamp amounts
can be entered on the same form for each case. This is a
required field and must be numeric. Amount must be at least ten
dollars. Only boxes 12 and 13 may be used. Boxes 14 and 15 are
reserved for later use.

NOTE: This form is not to be used for the Child Support
Intercept System nor are child support forms to be used for this
system.

A transmittal must accompany the documents. The necessary form
and instructions are included as Attachment 4, pages 3 and 4.

AFDC/FS INTERCEPT
COUNTY TRANSACTION DOCUMENT

COUNTY CODE	PROCESS YEAR	WORKER/DISTRICT ID	RECORD TYPE
			☐ 1 = Establish ☐ 2 = Change ☐ 3 = Delete ☐ 4 = Refund

---

1. SSN	2. CASE I.D.	3. DELINQUENCY DATE

4. LAST NAME	5. FIRST NAME	6. M.I.

7. C/O NAME	8. STREET ADDRESS

9. CITY	10. STATE/COUNTRY	11. ZIP CODE

12. AFDC AMOUNT		00
13. FOOD STAMP AMOUNT (FTB)		00
14. FOOD STAMP AMOUNT (IRS IPV)		00
15. FOOD STAMP AMOUNT (IRS IHE)		00

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1. SSN	2. CASE I.D.	3. DELINQUENCY DATE

4. LAST NAME	5. FIRST NAME	6. M.I.

7. C/O NAME	8. STREET ADDRESS

9. CITY	10. STATE/COUNTRY	11. ZIP CODE

12. AFDC AMOUNT		00
13. FOOD STAMP AMOUNT (FTB)		00
14. FOOD STAMP AMOUNT (IRS IPV)		00
15. FOOD STAMP AMOUNT (IRS IHE)		00

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1. SSN	2. CASE I.D.	3. DELINQUENCY DATE

4. LAST NAME	5. FIRST NAME	6. M.I.

7. C/O NAME	8. STREET ADDRESS

9. CITY	10. STATE/COUNTRY	11. ZIP CODE

12. AFDC AMOUNT		00
13. FOOD STAMP AMOUNT (FTB)		00
14. FOOD STAMP AMOUNT (IRS IPV)		00
15. FOOD STAMP AMOUNT (IRS IHE)		00

---

1. SSN	2. CASE I.D.	3. DELINQUENCY DATE

4. LAST NAME	5. FIRST NAME	6. M.I.

7. C/O NAME	8. STREET ADDRESS

9. CITY	10. STATE/COUNTRY	11. ZIP CODE

12. AFDC AMOUNT		00
13. FOOD STAMP AMOUNT (FTB)		00
14. FOOD STAMP AMOUNT (IRS IPV)		00
15. FOOD STAMP AMOUNT (IRS IHE)		00

AFDC/FS OVERPAYMENT INTERCEPT SYSTEM
FLOPPY DISKS INPUT INSTRUCTIONS

Floppies can now be accepted for the AFDC/FS Intercept Program.
The following are the necessary instructions and file lay out for
the diskettes.

TYPE OF PC: IBM Compatible.

FLOPPY SIZE: 3-1/2" or 5-1/4"   2S/2D MD2

FORMAT: ACSII or Standard Data Format (SDF).

LABEL: AOI-ARD.Fil for the Address record.
         AOI-RRD.Fil for the Restitution record.

DATA: Use the Magnetic Tape Instruction Record descriptions for
        the input records. (Attachments 4 and 5) In addition,
        add "AOI" to bytes 77-78 and make both records 78 bytes
        in length. Two (2) carriage control characters will
        automatically be placed in bytes 79 and 80.

RESTITUTION RECORD LAYOUT

Field Number	Item	Length/Mode	Positions
01	County Number	2N	01-02
02	Social Security Number	9N	03-11
03	Last Name	15A/N	12-26
04	First Name	10A	27-36
05	Middle Initial	1A	37
06	Amount Delinquent	9N	38-46
07	Case ID Number	15A/N	47-61
08	Worker/District Number	5A/N	62-66
09	Aid Type	1A	67
10	Filler	11A/N	68-76
11	Move "AOI" to	2A	77-78

ADDRESS RECORD LAYOUT

01	County Number	2N	01-02
02	Social Security Number	9N	03-11
03	Street Address	20A/N	12-31
04	Care of Address	20A/N	32-51
05	City	13A/N	52-64
06	State*	2A	65-66
07	Zip Code*	5N	67-71
(6-7)	*(or foreign country)	7A	65-71
08	Filler	5A/N	72-76
09	Move "AOI" to	2A	77-78

Submit this form to:

> State Department of Social Services
> Fraud Program Management Bureau
> Attention Intercept Coordinator
> 744 P Street, M.S. 19-26
> Sacramento, CA 95814

LIMITED ASSIGNMENT OF DELINQUENT RESTITUTION

_____County hereby assigns to the State Department of Social Services those cases with delinquent restitutions for the limited purpose of allowing the State Department of Social Services to effect collection of said restitution pursuant to California Government Code Section 12419.5. This assignment is for the limited purpose stated and does not preclude _____ County from taking any other action for collection of these restitutions.

_____
CWD Director's Name

_____   _____
CWD Director's Signature   Date

CERTIFICATION CORRECTNESS OF DELINQUENT RESTITUTION

I, (Name) _____declare that I have supervised the compilation of the list of delinquent accounts submitted to the State Department of Social Services and I am informed and believe that each listed individual has been identified by the correct Social Security Number, that the County has the "right of recovery", as defined in Attachment 1, the ACL Checklist was reviewed (Attachment 10), and that the amount of total restitution owed is correct.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this _____ day of _____ , 1991,

in the County of _____ , California.

_____
Signature

_____
Title

CHECKLIST OF ALL COUNTY LETTERS
TO BE REVIEWED PRIOR TO SUBMISSION OF CASE
FOR TAX INTERCEPT

AFDC OVERPAYMENTS

1. All cases

A. All-County Letter (ACL) 85-49 (Edwards v. McMahon)

Instruction: Ensure that all underpayments are set off against existing overpayments.

2. Cases involving excess resources:

A. ACL 87-40 (Excess property overpayments -- Cases in collection) (EAS 44-350.12, 352.1)

Instruction: Ensure that good faith review has been performed and that recipient was notified of result of review; if no review previously performed, review case inaccordance with ACL and notify recipient; no intercept pending outcome of review. If overpayment reduced after review, and prior collection exceed revised amount, make corrective payment.

3. Cases involving lump sum payments:

A. ACL 85-67 (Stephens v. McMahon, Shaw v. McMahon)

Instructions:

1) Ensure that overpayment was not caused by "windfall" lump sum payment received between April 2, 1982 and August 1, 1986;

2) Ensure that, in determining amount of overpayment, eligibility under Shaw was considered.

B. ACL 86-90, 88-76 (Rutan v. McMahon)

Instruction: Counties must cease all recoupment activity for overpayments caused by receipt of lump sum income prior to receipt of an adequate notice explaining the lump sum rule. If the lump sum payment was received prior to November 16, 1986, there is a presumption that no such notice was sent.

4. Cases involving excess income:

   A. ACL 86-44 (Noia v. McMahon)

      Instruction: If overpayment arose from a loan considered as income, ensure that instructions in ACL 86-44 have been followed. (Note: In most cases, loan was received between October 1, 1985 and July 1, 1986.)

   B. ACL 84-93, 85-41 (Collins v. Woods)

      Instruction: Counties should not be recouping nonwillful overpayments made prior to April 2, 1982. In any such case, stop recoupment and make corrective payments of all amounts recouped after August 28, 1984.

5. Technical overpayments

   A. All County Information Notice (ACIN) I-113-84

      Instruction: Review case to ensure that overpayment did not arise from "technical ineligibility" (e.g., failure to register for WIN because of county error). If case involves a technical overpayment which occurred after January 1, 1985, stop recoupment and make corrective payments of amounts previously recovered.

FOOD STAMP OVERISSUANCES

1. All County Information Notice I-46-87

   Instruction: Ensure that amount of claim is determined in accordance with EAS 63-046, 63-801.111 and 63-801.311.

ALL AFDC AND FOOD STAMP DEBTS

1. All County Information Notice I-65-86 (Effects of Bankruptcy on Public Assistance Overpayments).

   Instruction: If a bankruptcy has been filed, consult this ACIN.